



Update: Medi-Cal Dental Services

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Presentation Outline



Dental Transformation Initiative (Medi-Cal 2020)

Updates:

- Code 03 Clinic Encounter Project
- Provider Payment Reduction- Dental Services Exemption General Anesthesia (GA) and Intravenous (IV) Sedation
- Policy
- Use of Allied Health Professionals

Comments/Questions



Dental Transformation Initiative

Dental Transformation Initiative: Purpose and Goals

Program Purpose

- Improve the dental health of children to achieve overall better health outcomes
- Focus on high-quality care and improving access to dental care for Medi-Cal children
- Utilize performance measures to drive dental delivery system reform
- Develop dental health homes
- Prevent and mitigate oral disease through the delivery of preventive services in lieu of more invasive and costly procedures

Program

- Increase the utilization of preventive dental and oral health services among children
- Expand prevention and risk-assessment model to prevent and treat early childhood caries
- Increase dental continuity of care for children

Dental Transformation Initiative: Structure and Requirements

Program Structure

Core Components

- Promotes overall utilization of preventive services and oral health disease management
- Providers may qualify for each provider incentive program (3 domains) simultaneously

• Required Project Metrics

- Baseline data and active data tracking of preventive and restorative services provided
- Tracking effectiveness of caries management based on positive changes relative the beneficiary "risk" level
- Baseline data and active monitoring of participating dental providers
- 90 days continuous eligibility as parameters for beneficiaries ages 20 and under

Incentive Payments

 Total of \$750 million in total funds over 5-year period with \$10 million in total funds contingent on achieving statewide metrics





Domain 1: Increase Preventive Services Utilization for Children

Domain 2: Carries Risk Assessment and Disease Management

Domain 3: Increase Continuity of Care

Domain 4: Local Dental Pilot Programs (LDPPs)

Domain 1: Increase Preventive Service Utilization for Children

Domain Goal

Increase statewide proportion of children ages 20 and under enrolled in

Medi-Cal who receive a preventive dental service by 10 percentage points over a five-year period.

Metric Benchmarking

- Performance targets will be set based on the most recent completed year preceding implementation of the waiver.
- Incentive payments will be made annually to providers for utilization and provider participation and will be used to determine the subsequent year's threshold.

Domain 1: Increase Preventive Service Utilization for Children

Criteria

- Semi-annual incentive payments will be made to dental provider service locations that provide preventative services to an increased number of Medi-Cal children, as compared to the department determined baseline.
- Incentive payments will be made to the service office locations for rendered preventive services once they have met the Department established goal.

DHCS

Domain 2: Caries Risk Assessment and Disease Management

Domain Goal

- Diagnose early childhood caries by utilizing Caries Risk Assessments (CRA)to treat it as a chronic disease.
- Introduce a model that proactively prevents and mitigates oral disease through the delivery of preventive services in lieu of more invasive and costly procedures (restorative services).
- Identify the effectiveness of CRA and treatment plans for children ages 6 and under.
 - Treatment plans are prescribed based on caries risk level and include: CRA (globally includes motivational interviewing, nutritional counseling, and use of antimicrobials), topical fluoride varnish application, toothbrush prophylaxis, and exams.

Metric Benchmarking

- Baseline year will consist of statewide data for the most recent state fiscal year preceding implementation of the domain.
- DHCS will track and report the following measures:
 - 1. Number of, and percentage change in, restorative services;
 - 2. Number of, and percentage change in, preventive dental services;
 - 3. Utilization of CRA CDT codes and reduction of caries risk levels (not available in the baseline year prior to the Waiver implementation);
 - 4. Change in use of emergency rooms for dental related reasons among the targeted children for this domain; and
 - 5. Change in number and proportion of children receiving dental surgery under general anesthesia.

DHCS

- Dentists must opt-in by completing a Department recognized training program.
- Treatment plans and associated procedures will be carried out as follows, over a 12-month period:
 - "high risk" children will be authorized to visit 4 times
 - "moderate risk" children will be authorized to visit 3 times
 - "low risk" children will be authorized to visit 2 times
- Incentive payments will be made to providers for successful completion of caries treatment plan and improvement in "elevated risk" levels.

DHCS

Domain 3: Increase Continuity of Care

Domain Goal

 Increase continuity of care for beneficiaries ages 20 and under for 2, 3, 4, 5, and 6 continuous periods.

Metric Benchmarking

- Baseline year will be based on data from the most recent complete state fiscal year.
- Claims data will determine number of beneficiaries who received an examination each year from the same service office location for 2, 3, 4, 5, and 6 year continuous periods.

Criteria

- Incentive payments will be available to service office locations that provide examinations to an enrolled Medi-Cal child for 2, 3, 4, 5, and 6 continuous periods.
- The incentive payment will be an annual flat payment for providing continuity of care to the beneficiary.

Dental Transformation Initiative Optional Project



Domain 4: Local Dental Pilot Programs (LDPPs)

Project Goal

- LDPPs will address 1 or more of the 3 domains through alternative programs, potentially using strategies focused on rural areas, including local case management initiatives and education partnerships
 - DHCS will solicit proposals once at the beginning of the demonstration and shall review, approve, and make payments for LDPPs in accordance with the requirements stipulated in the Medi-Cal 2020 Waiver
 - A maximum of 15 LDPPs shall be approved

Metric Benchmarking

LDPPs will be evaluated consistent with the performance metric of the aforementioned dental domains and the goals outlined in the individual proposals

Dental Transformation Initiative Optional Project



- The specific strategies, target populations, payment methodologies, and participating entities shall be proposed by the entity submitting the application for participation and included in the submission to the Department.
 - DHCS shall approve only those applications that meet the requirements to further the goals of 1 or more of the 3 dental domains.
- Each pilot application shall designate a responsible county,
 Tribe, Indian Health Program, UC or CSU campus as the entity that will coordinate the pilot.



<u>Updates</u>



Code 03 Billing Project

Background

- As discussed last year, DHCS was embarking on the Code 03 billing project as a means to better capture billed dental services as 03 encounters at the procedure level using Current Dental Terminology (CDT) coding.
- Goal for this effort is to improve the ability of the department to report utilization of dental services at the clinic level.
- Recommended proposal outlined in the California State Auditor's review of the Medi-Cal Dental Program to better understand utilization of dental services statewide.
- Dental services provided at FQHC, Rural Health Clinics (RHC), IHS, MOA clinics comprises of approximately 15% of total dental expenditures.



Code 03 Billing Project (cont.)

Proposed Changes:

 Replace the use of the UB04 Form with the Denti-Cal claim form to allow DHCS to report on dental procedure level information for dental services

Status Update:

- Remains under development
- Would still like to work with Tribal clinics for input into project
- Once final policy is developed, will publish changes in the Medi-Cal Provider Manual and will develop technical assistance aids and training.



General Anesthesia/Intravenous Sedation

- Policy
 DHCS issued policy clarification regarding general anesthesia and intravenous sedation (GA/IV) services for dental surgery in May and June of 2015, and also aligned criteria for prior authorization of medically necessary GA/IV for dental surgery by Denti-Cal providers effective November 2015.
- One of the purposes of the policy clarification and alignment was to standardize the GA/IV policy with community practice, assure safeguards to promote the health and well-being of beneficiaries that require medically necessary Medi-Cal services, and improve quality of care.
- DHCS is working on additional technical assistance documents FAQ document and required documentation narrative - to assist GA/IV providers on the documentation necessary to accompany prior authorization requests to determine medical necessity for GA/IV services.
 - Delta Dental held four provider webinars on GA/IV policy (1/4- 1/7/16).



Use of Allied Dental Professionals

Background

- Registered Dental Hygienists (RDHs), Registered Dental Hygienists in Extended Functions (RDHEFs), and Registered Dental Hygienists in Alternative Practice (RDHAPs) meet provider qualifications pursuant to 42 Code of Federal Regulations section 440.60 and 42 United States Code section 1396d (a)(6).
- DHCS has submitted SPA 15-005 to allow the enrollment of RDHs and RDHEFs into the Medi-Cal dental program as covered providers if they are employed by:
 - ☐ a public health program created by Federal, State, or local law; or
 - □ a public health program managed by a Federal, State, county, or local governmental entity.
- SPA 15-005 will allow RDHAPs to enroll into the Medi-Cal Dental Program as billing and/or rendering providers and for RDHs, RDHEFs, and RDHAPs to provide covered dental services within their scope of licensure.



Use of Allied Dental Professionals (cont.)

Impact on Indian Health programs:

- May increase the number of allied dental providers who may render services:
- Federally Qualified Health Centers (FQHCs) that seek to bill for services rendered by RDHs, RDHEFs, and/or RDHAPs are advised to submit a Change in Scope of Service Request.
- The Prospective Payment System rate will be recalculated to include hygienist costs and visits.
- Tribal Health Programs participating in Medi-Cal as Indian Health Services-Memorandum of Agreement (IHS-MOA) providers may bill for certain preventive services provided by RDHs, RDHEFs, and/or RDHAPs at the IHS all-inclusive rate.
- Once SPA 15-005 is approved, permissible services will be outlined in the Denti-Cal Provider Handbook and Manual of Criteria, which can be viewed at the following website: www.denti-cal.ca.gov.



Comments/Questions

